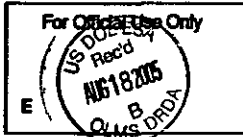


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9695	2 Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing Name Martin T Flanagan P.O. Box, Bldg., Room No., if any Unit 15 Street 832 E Rand Road City Mount Prospect State Illinois ZIP Code + 4 60056	4 Name file number and address of labor organization Name Laborer s Local No 118 Labor Organization File Number 010-205 P O Box, Building and Room Number if any Unit 15 Street 832 E Rand Road City Mount Prospect State Illinois ZIP Code + 4 60056
5. Position in labor organization President/ Business Manager	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box, Bldg Room No if any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction, or Income 7.b Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed	On 08/12/2005 Date	847-394-8007 Telephone Number

Name of Person Filing Martin Flanagan	File Number U
--	----------------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Laborers Training & Apprentices Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 1200 Old Gary Ave</p> <p>City Carol Stream</p> <p>State Illinois ZIP Code + 4 60188</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
---	--

<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Trustee of the Laborers Training & Apprentices Fund</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p> <p>Apprentice graduation ceremony banquet dinner valued at \$66 70</p>
	<p>12 b Amount \$67</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p>

Name of Person Filing Martin Flanagan	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any) Name Callero & Callero Trade Name, if any P O Box, Bldg., Room No., if any Street 7800 N Milwaukee Ave City Niles State Illinois ZIP Code + 4 60714	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9.b or 9.c. is checked give trust or employer's name Name Trade Name if any P O Box, Bldg. Room No if any Street City State ZIP Code + 4	11.a Nature of such dealing Local's CPA'S (Certified Public Accountants) 11.b Approximate dollar value of such dealing. \$8 850 12.a Nature of interest held or income received Bottle of wine 12.b Amount. \$30

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box, Bldg., Room No if any Street City State ZIP Code + 4	14.a Nature of payment.
13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b Amount of payment.

Name of Person Filing Martin Flanagan	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name if any). Name Down Bloch Bennett Trade Name if any P.O. Box, Bldg., Room No. if any 19th Floor Street 8 S Michigan Avenue City Chicago State Illinois ZIP Code + 4 60603	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c. Employer
10 If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name if any P.O. Box, Bldg. Room No., if any Street City State ZIP Code + 4	11.a Nature of such dealing Attorney for Local
	11 b Approximate dollar value of such dealing \$4 020
	12.a. Nature of interest held or income received Pop-Corn 12.b. Amount. \$27

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name if any P.O. Box, Bldg. Room No. if any Street City State ZIP Code + 4	14.a Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b Amount of payment.

Name of Person Filing Martin Flanagan	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any). Name Laborer s Employer s Cooperation & Education Trade Name, if any: LECST P.O. Box, Bldg., Room No. if any Suit 302 Street 999 McClintock Dr City Burr Ridge State Illinois ZIP Code + 4 60527	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name if any P.O. Box, Bldg. Room No., if any Street City State ZIP Code + 4	11.a Nature of such dealing Promote Safty on construction work site s
	11 b Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received Safty Lunch
12.b. Amount. \$49	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P.O. Box, Bldg., Room No. if any Street City State ZIP Code + 4	14.a Nature of payment.
13.b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b Amount of payment.